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8

CASE MA-81

CERTIFICATE OF MAILING

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Samuel J. DuBoff  
Type or print name

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SEP 12, 2001  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF  
DUBOWCHIK ET AL.

APPLICATION NO: 09/717,563

FILED: NOVEMBER 21, 2000

FOR: NEUROTROPHIC BICYCLIC DIAMIDES

Assistant Commissioner for Patents  
Washington, D.C. 20231

**LETTER CORRECTING OFFICIAL FILING RECEIPT**

Sir:

The official filing receipt received in the above-identified application has omitted information that should be shown under the Continuing Data as Claimed by Applicant section. Please issue a corrected filing receipt listing the following information under the Continuing Data as Claimed by Applicant section:-

**--This application claims benefit of 60/169,600 filed 12/8/99--**

A copy of the filing receipt with the correction noted is enclosed.

Applicants believe this error is ascribable to the Patent Office. Accordingly, no fees are required. However, if this is incorrect, the Commissioner is hereby authorized to charge the \$25 fee under 37 CFR §1.19(h) and any additional fees that may be required to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Respectfully submitted,

*Samuel J. DuBoff*

Samuel J. DuBoff  
Attorney for Applicants  
Reg. No. 25,969

Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000  
(203) 677-7787  
Date: 8/12/01



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
✓ 09/717,563	✓ 11/21/2000	✓ 1646	✓ 790	MAR 1		✓ 9	✓ 4

23914

MARLA J MATHIAS  
BRISTOL-MYERS SQUIBB COMPANY  
PATENT DEPARTMENT  
P O BOX 4000  
PRINCETON, NJ 08543-4000

**FILING RECEIPT**

\*OC000000005836955\*

Date Mailed: 03/07/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

✓ Gene Michael Dubowchik, Middlefield, CT ;  
✓ David Paul Provencal, Cromwell, CT ;

**Continuing Data as Claimed by Applicant**

This application claims benefit of  
Foreign Applications 60/169,600 filed 12/8/99

If Required, Foreign Filing License Granted 03/07/2001

**Title**

✓ Neurotrophic bicyclic diamides

**Preliminary Class**

514

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U.S. Patent Law

MAR 12 2001

Docketed Item \_\_\_\_\_

Due Date \_\_\_\_\_

Attorney Jam

Data entry by : DILLON, LAWANDA

Team : OIPE

Date: 03/07/2001





## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 2115

<b>SERIAL NUMBER</b> 09/717,563	<b>FILING DATE</b> 11/21/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Gene Michael Dubowchik, Middlefield, CT; David Paul Provencal, Cromwell, CT;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/169,600 12/08/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/07/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23914					
<b>TITLE</b> Neurotrophic bicyclic diamides					
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		